

HID 43 (2016)

NURSING CARES GIVEN TO THE SUFFERERS FROM
SYPHILIS IN THE HOSPITAL DEL ESPÍRITU SANTO OF
SEVILLA (SPAIN) AROUND THE YEAR 1600. BOOKS AND
DOCUMENTS¹

LOS CUIDADOS ENFERMEROS PROPORCIONADOS A LOS
ENFERMOS DE SÍFILIS EN EL HOSPITAL DEL ESPÍRITU SANTO DE
SEVILLA (ESPAÑA) EN TORNO A 1600. LIBROS Y DOCUMENTOS

ANTONIO CLARET GARCÍA MARTÍNEZ

Universidad de Huelva

aclaret@portalhiades.com

ABSTRACT: This study seeks to determine the level of training that nurses working in the most important Spanish hospitals reached towards the year 1600 in the treatments applied to patients with STDs (sexually transmitted diseases), particularly syphilis.

The nurses knew and already applied around 1600 a set of complex techniques to care for and heal the sick of syphilis and other STDs. All this demonstrates an increase in the demands of the training of Spanish nurses, who worked under ethical guidelines, and we could assume the beginnings of the professionalization of nursing in such an early age.

In 16th century Spain, nurses began to raise their educational level to provide care that could respond to the new knowledge that medicine was discovering as a result of the general scientific development of the time, and that should be applied in the new hospitals that were erected in the main Spanish cities.

KEYWORDS: nursing history; nurses; syphilis; written culture; Holy Spirit Hospital; Seville.

RESUMEN: El presente estudio tiene como objetivo principal conocer el nivel de preparación de los enfermeros que trabajaron en algunos de los más importantes hospitales españoles en torno al año 1600 en el tratamiento de las enfermedades de transmisión sexual, especialmente la sífilis. Para su tratamiento los enfermeros conocían y aplicaban ya en torno al año 1600 un conjunto de técnicas complejas y su trabajo se movía bajo unas directrices éticas. Ello podría ser indicador de los

1. Used abbreviations. ADS = Archivo de la Diputación de Sevilla. STDs = Sexually transmitted diseases.

inicios de la profesionalización de la Enfermería en España, mucho antes de lo que se viene considerando en otros países, que se sitúa este proceso en el siglo XIX.

Los enfermeros comenzaron ya en este período a elevar su nivel de formación para proporcionar unos cuidados que respondieran a los avances médicos del momento y se pudieran aplicar, al menos en los hospitales españoles erigidos en las grandes ciudades, como Sevilla y Madrid.

PALABRAS CLAVES: historia de la Enfermería; enfermeros; sífilis; cultura escrita; Hospital del Espíritu Santo; Sevilla

1. INTRODUCTION

Sexually transmitted diseases (STDs), particularly syphilis, were intensely present in Europe since the end of the 15th century and during the following centuries, generating an abundant specialized literature², seeking to understand the disease and to cure it, or, at least, to alleviate their terrible effects. For this purpose, hospitals were built almost exclusively dedicated to the treatment of the so-called 'buboes illness', where the known remedies at the time were applied and there were experiments in new ones carried out, with greater or lesser success, as the case may be³.

Increasingly complex treatments applied required a specialized health workforce who could adequately develop the entire process of diagnosis, cures, and caring of the sick. Physicians, surgeons, pharmacists, and nurses were responsible for controlling the entire evolution of the patient process, since this one entered the hospital until he/she came out of it⁴.

So, this study seeks to determine the level of training that nurses working in the most important Spanish hospitals reached towards the year 1600 in the treatments applied to patients with STDs (sexually transmitted diseases), particularly syphilis, provided in the new hospitals erected in the main Spanish cities, specially in Seville.

2. There are abundant studies on this disease and its implications in Europe since the end of the 15th century onwards. Guerra 1978, López Terrada 1989, Quézel 1990, García-Verdugo 1994, Baker 1998, Rothschild et al. 2000, Knell 2003, Carmona García 2005, Harper 2011, García Martínez 2014, pp. 66-74. A good view of the present knowledge of the disease and which can be helpful to understand its effects and manifestations can be read in Murillo Calderón 2011. On Sevilla we can see Calvo Calvo 2001 and Martínez García and López Díaz 1997.

3. Sexually transmitted diseases and the plague were plagues which affected European population in a persistent way and this manifested in the abundant literature they generated. On the plague, see García Martínez 2014.

4. The 16th century brought significative transformations in the health field for the Spanish crown, which gradually affected the way of understanding diseases, their treatment and the convenient places to assist sick people, specifically hospitals, starting with the royal family itself and the court. On this matter, see Rey Bueno and Alegre Pérez 1998. On Seville, we can see Carmona García 1979; Martínez García and López Díaz 1997.

2. SOURCES: DOCUMENTS AND BOOKS

In 1589, works began for a new hospital in Seville (Spain): the Hospital del Espíritu Santo. Its construction had as its purpose the regrouping of already existing small hospitals in the city since the Middle Ages that, with the passage of time, had ceased to be functional and whose income and sources of funding had considerably decayed⁵. The progress of science and medical studies was transforming the vision of illnesses and, as a consequence, the treatments that were applied for many of them⁶.

For this study we have used the bundles 2C, 3 and 3bis, containing the Constitutions of the Hospital del Espíritu Santo, adopted in April 26th, 1590, in Seville, and other financial documents related to the hospital kept in the Archive of the Diputación Provincial de Sevilla⁷.

We have also used two nursing treatises created in the first half of the 17th century, and which collect the work that nurses should develop for the implementation of their treatments to patients with syphilis. These are *Instrucción de Enfermeros* ("Instruction of Nurses"), composed by Andrés Fernández, a nurse belonging to the Congregation of the Obregones Nurses, and whose first edition was printed in 1617⁸ and *Directorio de Enfermeros* (Directory of Nurses), by Simón López, completed in 1651 and preserved as a manuscript in the library of the Universidad de Salamanca⁹. Both treatises were drawn up by nurses and were a result of the personal experience of its authors, who worked for many years in the Castilian hospitals, so they are especially useful to get to know the real work carried out by nurses at the time; they are, therefore, very different from other merely theoretical treatises, which collected concepts and medicinal compounds, but of which we have no certainty that they were actually applied in hospitals; these two, on the other hand, were.

In addition to the mentioned *Instruction of Nurses* and *Directory of Nurses*, it is of obligatory consultation to learn more theoretical knowledge of surgery and its application to the sexually transmitted infections the book written by the greatest surgeon of the Hospital Antón Martín in Madrid, and brother of the Hospital San Juan de Dios, Mathias de Quintanilla¹⁰, *Breve compendio de cirugía* (Short Com-

5. About the different aspects of the works and endowment of the Hospital del Espíritu Santo de Sevilla see Recio Mir 2000, especially pp. 47 and ff.

6. García Ballester 1976, Granjel 1978, Kottek, García Ballester 1996, Carmona García 2000, Lindeman 2000, Carmona García 2005, pp. 254-256.

7. ADS, bundles 2C, 3 and 3bis. In Barriga Guillén et al. 1997, pp. 261-309.

8. García Martínez et al. 1993. This treatise was much solicited and used by different health professionals, being published up to 6 editions in different Spanish cities between the 17th and the 18th century.

9. García Martínez, García Martínez 2001, *Directorio de enfermeros y artífice de obras de caridad para curar las enfermedades del cuerpo*. Manuscript 259. Universidad de Salamanca. The first draft of this manuscript was finished in 1651, and the definitive text in 1668.

10. Quintanilla 1683, *Breve compendio de cirugía. Escrito por el reverendissimo Padre Fr. Mathias de Quintanilla, Cirujano Mayor que fue del Hospital del Venerable Padre Anton Martin, y General de su sagrada Religion, Orden del Señor S. Juan de Dios. Sacado a luz por Ignacio Gutierrez su*

pendium of Surgery), published in the year 1683, although in fact the work had been completed years before. The brothers of this hospital order had already specialized since the first foundations in the middle of the 16th century in the medical and surgical treatment and the nursing care of the buboes¹¹.

With regard to the mentioned Hospital del Espíritu Santo in Seville, it keeps a rich and interesting documentation that reports on many aspects of its operation during the more than two centuries and a half of its existence. Part of these documents came from small hospitals which were integrated into this one from 1589 (documents that date back to the 14th century), and the other part was generated by the new hospital from the moment its construction began: properties, tributes, donations, chaplaincy foundation, and a long etcetera¹². Among the consulted documentation, we highlight the *Constitutions* of the hospital, expenses books, and admission and discharge of the sick books, being all of them used in the present work.

Along with this, the Archive of the Hospital del Espíritu Santo of Seville and the treatises of nursing documentation offer an excellent view of the nursing work in the treatment and care provided to patients who suffered this terrible disease of the “buboes illness”.

Discipulo en dicha Facultad. Dedicado al Patriarca San Juan de Dios, Fundador de la Hospitalidad. Con licencia: En Valencia: Por Layme de Bordaza. Año 1705. A costa de Miguel Lázaro Mercader de Libros. There is a previous edition dated in Valencia, 1683.

11. During the 17th century, a great amount of treatises on surgery were published due to the increasing number of interventions by surgeons in hospitals. The different manifestations of syphilis and other sexually transmitted diseases, in the way of ulcers and pustules, required the intervention of those professionals. Thus, A. Pérez Portugués publishes in 1568 his *Suma y examen de cirugía y de lo más necesario que en ella se contiene, con breves exposiciones de algunas sentencias de Hipócrates y Galeno*, by Pierres Cosin, Madrid. Web of the BHMV <http://cisne.sim.ucm.es>, in Dioscórides electronic documents. In 1674, he publishes F. de la Cruz (O. H.) the *Compendio de los tratados de flobotomía: capítulo singular y cartapacio de cirugía*. Imprenta de Gyberto Lints, Malinas. Biblioteca Nacional, catalogue number: R/983. Apart from the important legislation on the exams surgeons took, such as the *Pragmática en que se da la orden en el examen de los Cirujanos Romancista*, impreso por Luis Sánchez, Valladolid, 1604. Real Academia de la Historia, catalogue number: 4/641 (7); the *Pragmática en que se da nueva orden en el examen de los médicos y cirujanos y boticarios más de lo que por otra esta proveído*, por Pedro Madrigal, Madrid, 1593. Real Academia de la Historia, catalogue number: 4/641 (6); or the *Pragmática sobre la orden que se ha de tener en el examen de los Médicos, Cirujanos y Boticarios*, by Juan Iñiguez de Lequerica, licensed in Alcalá, 1588. Biblioteca Histórica Marqués de Valdecilla, catalogue number: BHdFLL 22001(4). Texts cited by Rodríguez Perales 2013.

12. See chart below with a classification table displaying the documents preserved in the Archivo de la Diputación de Sevilla. Barriga Guillén 1997, pp. 263-264.

CLASIFICATION CHART*		
CONCEPT	DATES	BUNDLES
<i>1. Foundation and government</i>		
Records and books of hospitals reduction	1584-1600	1A, B, C, D-2 A, B
Bulls and privileges	1429-1845	14
Surveying and demarcation books	1663; 1781-1784	15
Various books	1590-1837	2 C-4
Lawsuits	1572-1790	5-13
Records and single document	1741-1836	61
Correspondence	1772-1836	61 bis
<i>2. Administration of properties</i>		
Books and letting deeds	1600-1840	16-22
Various deeds	1401-1741	23
Protocols of house deeds and taxes	1387-1892	24-60
<i>3. Accounts</i>		
Account books of foremen and administrators	1593-1743	62-69
Books of receipts and outgoings in the coffers	1591-1806	70-76
Eccelesiastical treasury books	1734-1841	77-83
Path books	1734-1832	84-92
Path notebooks	1734-1822	93-96
Books of collection of taxes	1608-1845	97-99
Books of funding, taxes and chaplaincy	1596-1838	100
Books and notebooks of works and repairs expenses	1713-1837	101-107
Liquor store boks and accounts	1544-1832	108-147
Proofs of expenses	1587-1832	148-180
Proofs of various expenses	1637-1819	181-183
Accounts of foundations, chaplaincies and legacies	1557-1780	184
<i>4. Movement</i>		
Sick admission and discharge books	1675-1837	185-200
Deceased books	1661-1817	201-202
Will books	1676-1826	202 bis
Sick admission and discharge books	1663-1824	203-209
Documents of admission and discharge of soldiers	1808-1810	210
Single paper to add		211

* Barriga Guillén et al. 1997.

3. THE NURSING WORK ENVIRONMENT: CHARACTERISTICS OF A HOSPITAL DEDICATED TO THE TREATMENT OF SYPHILIS

The Hospital del Espíritu Santo in Seville was dedicated to the treatment of the so known as “buboes illness”, an expression grouping various sexually transmitted diseases and, especially, syphilis. This was a serious and socially reprehensible di-

sease to the morality of the time, by fundamentally being acquired through sexual relations.

The *Constitutions* of the Hospital del Espíritu Santo show the concept of “hospital dedicated to the treatment of syphilis” of the moment: a complex architectural space organized in various departments; some of them for the regular stay of patients and, others, for the administration of certain highly specialised treatments and requiring remote and upgraded rooms, and other facilities that provided the necessary administration for the operation of the hospital: kitchen, stores, pharmacy, and various rooms for the accommodation of the staff and the management activities; the Church shall be added to all this. In relation to the spaces dedicated to the treatment of patients, the Hospital del Espíritu Santo provided the following layout:

1. Four elongated rooms with beds for the sick during the admission period.
2. A high room for the “sweats”.
3. A room for them to “dribble” with these “sweats”.
4. A room for patients undergoing a meal plan.
5. A particular and isolated room with an exit door to the outside, for 12 beds, to provide medicine and anointments for the people of quality, living in their homes and who came to receive the treatment.
6. A high room to cure sores and tumours and pains originated by the buboes.
7. A room for the convalescence¹³.

This same structure was for men and for women, in two separate sick bays: *In this hospital only buboes, sores, and contagious illnesses generated from them must be cured, even if they are thought incurable, both men and women, and not other illnesses.*

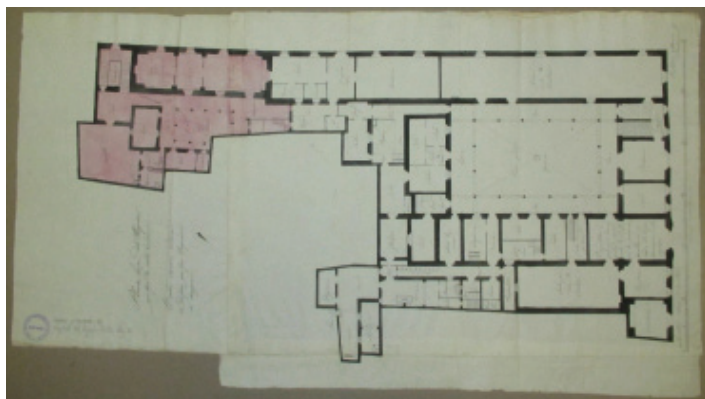


Fig. 1. Floor plant of the Hospital del Espíritu Santo, Sevilla, 1845¹⁴.

13. See Figure 1. Ground floor of the Hospital del Espíritu Santo of Sevilla.

14. Sevilla. Hospital del Espíritu Santo. Plan. 1845. Floor plant of the hospital located in Colcheros / Balbino Marrón y Ramero Street. Sevilla, Marzo de 1845. Paper manuscript with black and

4. THE NURSING WORK IN THE HOSPITAL TREATMENT OF SYPHILIS

From the 16th century, medical science began to search for the origin of diseases beyond the concept of inherited divine punishment of the medieval world. The response to this new vision of the concept of disease was the search for new and more effective remedies which relieve the suffering of patients who suffered from them. To this contributed significantly the new plants brought from the New World, unknown in Europe, and which represented the basis of quite a few new medications, more effective in the treatments prescribed by doctors¹⁵.

Primarily for syphilis¹⁶ were applied remedies based on two predominant currents at the time: first, that of the “herbalists”, supporters of therapies based on the use of plants; the second one, much more aggressive, the power of the “metalists” or defenders of anointings and baths of mercury, introduced as a novelty by Paracelso (hence this phrase became known at the time: “a night with Venus and a lifetime with mercury”, alluding to the sexual origin of the disease and its treatment on the basis of this metal)¹⁷.

These treatments required adequate facilities and increasingly qualified nursing staff¹⁸, who knew how to administer the medicinal compounds and the different techniques that were applied. The distribution of sick bays and the remaining units of the Hospital del Espíritu Santo in Seville, and also the characteristics required to the nurses in the constitutions of this same hospital should be understood in this context:

1. The work of the major nurse is of great importance since it is on him that most part of the curing process and caring procedure depends, and because of this it shall be paid special attention to the confident character of the same. He/she must have the jurisdiction within all the sick bays and nurses, distributing and managing what the others must do, pointing out the others where they must proceed regarding these Constitutions and the order given by the administrator.

carmine wash. Signed and initialed by Balbino Marrón y Ramero. Explanation on angle 1. ADS. Sección de Mapas, Planos y Dibujos, Catálogo, N.º 133-189, N.º 43.

15. Pharmacopoeia was greatly influenced by the new plants brought into Europe from the New World since 1492. Hospitals' pharmacies soon started having plants from America and new treatments were developed. Syphilis was one of the diseases which could apply those remedies based on these plants such as the *lignum vitae* (*palo guayacan*). See Martínez García 1993, pp. 119-193 y López Díaz 1987. Pharmacies studies through the preserved documents in Sevillian hospitals show a really wide view of the products used in the elaboration of medicines, which were more and more diverse and complex. Also see Pastor Frechoso 1993. Also to America were brought the remedies applied in Europe and the plants already known for the Old World conformed new corpuscles together with the newly incorporated ones from America. See Fraile Bravo (2015).

16. There are abundant studies on this terrible disease. Apart from the already mentioned above, see Martínez García 1993, pp. 195-232.

17. Muñoz Calvo 1994, pp. 102-103.

18. On the important changes experienced in the training required from the Spanish nurses in the 16th and 17th centuries, see García Martínez et al. 1996, pp. 123-177; García Martínez 1998; García Martínez y García Martínez 2015, pp. 371-396. García Martínez 2004. We can see the salary of the staff working in the Hospital, Appendix II.

*2. It must be looked to it that he/she is a practitioner in medicine and surgery and, not being so, at least is a decisive person to prove good quality with the physician and the surgery of the illnesses of the sick and their effects, being capable of handling the sudden cases that would happen at day and night*¹⁹.

Syphilis was feared and hated, because it was considered, in addition, a disease that came from sin, from the practice of lust and, frequently, of adultery, apart from the lack of control in sexual relationships. Thus, it must also be understood that the Hospital del Espíritu Santo in Seville had a secluded room with a direct exit door to the outside where the sick important persons of the city could enter with discretion to receive the treatments without having to do it by the main entrance, and thus avoiding the established protocol for the admission of patients.

The need to build specific hospitals for the treatment of this disease responded to the considerations listed in the abundant scientific literature that was circulating at the time. In this way, in the treatises written by nurses, such as the aforementioned *Instruction of Nurses*, there were published extensive references to this pathology, with an emphasis on the knowledge that nurses had to acquire and the care that they provided²⁰. All of this can give a better understanding of the operation of the Hospital del Espíritu Santo in Seville.

The treatment of syphilis required, especially, the coordination of different health specialists: doctor, surgeon, apothecary, and nurses, involved throughout the process of treatment and cure of disease. Particularly active was the intervention of the surgeon and it is observed in the salary he received in the Hospital del Espíritu Santo, the highest of all: 666 “reales” and 22 maravedies, higher even than that of the administrator of the Hospital and the physician²¹.

The importance of the surgeon in hospitals of syphilis is highlighted in the work of the father Mathías de Quintanilla, which was designed for the training of practitioners, devoting a large number of pages to the disease: description, signs and symptoms, transmission, medical treatment, measures, and nursing care. It is a posthumous work, brought to light by a disciple and with a prologue that pointed out to whom it was intended:

*This is the fact, that the Most Reverend Father Quintanilla, driven by the charity of his personality and profession.; and also handing down some rules and surgery canons for the work of the practitioners of this college who studied it in the Hospital of Madrid, he wrote a handbook I keep (...)*²².

19. ADS, *Hospital del Espíritu Santo. Constituciones*. bundle 2-C, f. 13r. See Appendix I.

20. Specially interesting is the theme dealt with in chapter XXXI of *Instrucción de Enfermeros*, titled “De la doctrina que han de seguir los enfermeros que asistieren y curaren los enfermos de bubas” (“On the standard to be followed by nurses who assisted and healed the sick of buboes”, in which there are included detailed indications to treat this pathology).

21. On the health staff working at the Hospital del Espíritu Santo of Sevilla see Martínez García 1993, pp. 77-117.

22. Quintanilla 1683, p. 7.

Already in his first chapter entitled “Treatise of Gallic disease”, it mentions the non-epidemic nature of this pathology:

*(...) and thus we say that syphilis is not epidemic of the plague as it does not depend on a common cause, which is the air, but common because many suffer it, transmitted by contact to one another (...)*²³.

The treatment or “cure” of the buboes, according to the author, should be conducted either in spring or in autumn, with warm air, and rested on four pillars²⁴:

- *To order the way of life* (suitable diet and adapted to the age, complexion, and the patient’s condition, being better chickens and cocks, hens, sheep, kid and veal, all roasted; vegetables –borage, endive, lettuce–; drinks –the best “bramble water” or *lignum vitae*–; moderate exercise and sleep; continued evacuation of the belly and, if it could not be done, use enemas).
- *Remove background humours* using bloodletting and purging, and sometimes syrups, as many times as it is necessary.
- *Remove the joint cause, which are these said humours*, using the spiderling plant, the bramble, *lignum vitae* (also known as *palo santo* or *guayacan*²⁵), and quicksilver (also known as “mercury”), in quantities suited to each patient.
- *Correct the poisonous and hidden in the living parts*.

The Spanish large hospitals applied, at least since the 16th century, complex treatments for serious illnesses, so the demands for training of the hired nursing staff were growing and growing. At the Hospital del Espíritu Santo in Seville, at the beginning of the 17th century, a male major nurse and three male minor nurses in the rooms for men, and one female major nurse and two female minor nurses in the room for women. At certain times of the year, spring and autumn being the most suitable periods for the management of the treatments for syphilis, the number of nurses was reinforced in relation to the number of patients receiving the therapy²⁶.

The treatment of syphilis was made through the strict application of different therapies based on three fundamental principles: The administration of medications. Evacuation of bodily humours in various ways. Diet adapted to the disease.

23. *Ibid*, Chapter I, p. 275.

24. *Ibid*, pp. 283-286.

25. Quicksilver was normally applied as an ointment, “*corregido con saliva o con redano sin sal, y mezclado con otros ingredientes, conforme la variedad de los accidentes del enfermo*” (corrected with salive or with *redano* without salt, and mixed with other ingredients according to the variety of the pains of the sick). It was also employed as an incense. Quintanilla 1683, pp. 295-296.

26. See original documents: “*Libranzas que se pagan todos los tercios en este Hospital del Espíritu Santo de que se toma a razón en el libro que está en la Secretaría*” (Orders of payment every three months in this Hospital del Espíritu Santo included in the book kept in the Secretariat), in ADS, *Hospital del Espíritu Santo. Constituciones*. Leg. 2-C, f. 13r, and CARMONA GARCÍA 2005, pp. 264.

The adequate coordination in the implementation of these three principles, based, in the case of the buboes illness, on experimental knowledge of the effects of new medicines and the balance between the evacuation of bad humours and proper food intake, providing improvements in the health of the sick. Throughout this process, the adequate involvement of nurses was essential, they who were responsible for following the application of therapies and the coordination with doctors, surgeons and apothecaries, daily explaining the evolution of the patients.

Instruction of Nurses collects precisely therapies applied, their techniques and medications. In this sense, the work stands out for its didactic features and clarity of ideas and concepts exposed. Andrés Fernández explains to nurses the medicaments that were used in the therapies, the available instruments, the parts of the body where they had to be applied, and the most suitable techniques to do so, ending with the reasoned exposition of the most suitable diet for the sick throughout the process of their illness.

4.1. The administration of medicaments

Three were the routes through which medicaments were administered to patients with syphilis: the topical route, by means of ointments or dressing; orally, with the taking of various medicinal substances; and through the respiratory route, through inhalation of vapours. One of the goals of this treatment was to cause the gradual elimination of the illness through the evacuation of toxic substances accumulated in the body through “sweats”. *Instruction of Nurses* deals widely with all about these sweats, how to trigger them, when, with what medicines, and other aspects to get them more effective²⁷.

The nurses took part in the tasks required at each of the stages of the treatment and were directly involved in all of them. Therefore, they had to be connoisseurs of all the techniques applied in hospitals. *Instruction of Nurses* dedicates the whole chapter 31 and the last one to the “buboes illness”: *Chapter XXXI. On the doctrine to be followed by the nurses who help and cure the buboes affected patients*²⁸. *This work circulated throughout Seville and other Spanish and American cities, and was used not only by nurses, but also by surgeons and other healthcare professionals, in such a way that it was frequently among the books purchased by them*²⁹.

27. The medicines administered at the Hospital del Espíritu Santo de Sevilla can be known in Martínez García 1993, Appendices XI and XII, although there can also be allusions in other parts of this study.

28. García Martínez et al., 1993, pp. 71-73.

29. In the inventory made on the 3rd of October 1708 in Nueva Vera Cruz (México) on the goods of Juan de Castro, surgeon who set sail for America, years before, there is a list of all his books, highlighting those related to surgery. Among them, there is a copy of *Instrucción de Enfermeros*. «*Primamente vn libro de a folio yntitulado Robledo de Zirujía. - Ytem otro libro de a folio yntitulado Fragoso de Zirujía añadido. - Ytem otro libro de a folio yntitulado Joanes de Vigo de Zirujía. - Ytem otro libro de a quarta yntitulado Magia natural. - Ytem, otro libro de a quarta yntitulado tratado de Apostemas. - Ytem, otro libro de a quarta yntitulado “Trozara??? De Zirujía. - Ytem, otro libro de a quarta yntitulado “tratado de Peste”. - Ytem, otro libro de a quarta yntitulado “Anatomía de Andrés de León”. - Ytem, otro libro de a otauo yntitulado “Secretos del Reuerendo Don Alejo Piamontés”*». –

4.1.1. The topical route

Skin manifestations of syphilis, in the form of ulcers, pustules and skin rashes, as well as the internal effects (depending on the phase in which the patient was), headaches and fever, were treated with medicaments through ointments on the skin, which received the generic name of “unctions”. It was of utmost importance that the nurse would take care of getting the right conditions for the application of the ointment. It was necessary to get a suitable environment room temperature, controlling flows of air and closing doors and Windows; to manage the unction with its proper technique, with the anointing of the prescribed substance in the parts of the body; to administer the subsequent care, washing the patient and facilitating his/her rest. They should, also, completely cover the patient with clothes to provoke sweat. They had to meet the predictable side effects such as nausea and vomiting, diarrhoeal evacuations and many others which were present, providing an appropriate diet to the symptoms and medicines administered.

While it was usually the apothecary who prepared the medicines (the ointment among them), it was recommended that the nurse knew them and, above all, that he/she knew the techniques for its application. The administration of the ointment, due to the external manifestations of the disease, with wounds and pustules of all kinds and throughout the body, depending on the stage of the disease was particularly sensitive to the treatment of syphilis. Here it required well-trained nurses, since they had to calculate the appropriate dose of the ointment or plaster that was depending on the physical characteristics of the patient. Thus, in terms of the amount of ointment to use, it implied proportions that the nurse should know:

If the nurse wants to know more or less the quantity of ointment to apply to every sick person, I say it must be two ounces if the person is big and, if the person is small, it will be the nurse's decision and, sometimes, if the patient is underage of a pregnant woman, or the patient suffers from temperature, the physicians would

*Ytem, otro de a octauo yntitulado “Fragoso de Zirujía”. – Ytem, otro libro yntitulado “Ynstrucción de Enfermeros”. – Ytem, otro libro yntitulado “Medicina y Cirujía de Vulneribus Capitis”. – Ytem, otro libro yntitulado “Terapéutica”. – Ytem, otro libro de a quarta yntitulado “Compendio de toda la Zirujía”. – Ytem, otro libro de a octauo yntitulado “Tratado breue de Flebotomía”. – Ytem, otro libro de a folio yntitulado “Teatro del Mundo de Falucio”. Ytem, otro libro de a quarta yntitulado “Discrusos espirituales (...)”. (First an A4 book titled *Robledo de Zirujía*) – Item another A4 book titled *Fragoso de Zirujía añadido* – Item another A4 book titled *Joanes de Vigo de Zirujía* – Item another quarto book titled *Magia natural*. – Item another quarto book titled *tratado de Apostemas*. – Item another quarto book titled “*Trozara De Zirujía*”. – Item another quarto book titled “*tratado de Peste*”. – Item another quarto book titled “*Anatomía de Andrés de León*”. – Item, another eight per sheet book titled “*Secretos del Reuerendo Don Alejo Piamontés*”. – Item another eight per sheet book titled “*Fragoso de Zirujía*” – Item another book titled “*Ynstrucción de Enfermeros*”. – Item another book titled “*Medicina y Cirujía de Vulneribus Capitis*”. – Item another book titled “*Terapéutica*” – Item another quarto book titled “*Compendio de toda la Zirujía*” – Item another eight per sheet book titled “*Tratado breue de Flebotomía.(...)*.” Archivo General de Indias. Contratación, Legajo 983, Núm. 4, Ramo 3. Veracruz (Méjico). Año 1708.*

*advise one ounce and a half of the quicksilver ointment and half an ounce of the pink ointment, so as it is not so strong*³⁰.

In terms of the proportions to apply, *Instruction of Nurses* indicated the following: joints, shoulders, arms, elbows, wrists, hands, hips, sciatic bone, ankles, knees, feet and its soles, and *other proportions where there were pains*. The spine *is being run with the fingers, smearing with the same ointment up to the nape, and has to be applied softly without scrubbing in all the scabs*³¹. It is important, insists the nurse, to take into account not to apply the ointment on the testes, groin, belly, chest, and kidneys, except where in any of these parts there are the concerned scabs.

The time in which the ointment should be conducted was indicated by the doctor, though it is most common in the afternoon, four or five hours after eating, with doors and windows closed in the room, and if it was winter, with some *small brazier of embers inside*, always Wood embers, never charcoal embers, for being harmful for the sick, all this in order to get a friendly atmosphere.

The ointments applied by nurses were prepared based on plants and animal products—or based in mercury (“Quicksilver”). Andrés Fernández contains a large number of ointments or plaster, used by prestigious physicians of the moment such as Dr. Pedro de Torres, physician and surgeon of the Queen.

*Take green dressing of Galen and apply it through the skin as you decide*³².

*Ointment for the sufferers of buboes, almost consumptive. Take refreshing ointment of Galen, three ounces; quicksilver dissolved in sweet almond oil, one ounce; prepare the ointment to your discretion*³³.

*Syphilis. Take pig fat without salt, one pound. Marciaton ointment and of Aragon, one ounce each, and another ounce of magna theriac. Quicksilver dissolved in the fat, eight ounces; marshmallow plant and agripa ointment, one ounce each; vine shoot ash, four ounces; laurel oil, two ounces; myrtle oil and liquid styrax, two ounces each; incense and mastic, both powdered, half an ounce each; prepare an ointment to your discretion, mixing it with a spatula until the quicksilver is folded into the mixture*³⁴.

*Another ointment. Take pig fat, four pounds; laurel oil, one pound; vine shoot ash, four ounces; myrrh, mastic and incense, one ounce each; magna theriac, one ounce and a half; quicksilver, one pound; prepare to your discretion*³⁵.

The diversity of ointments used in hospitals responded to the different effects they caused in the sick, according to the nature of the illness, its age or time of the disease. Whenever some of them failed, others were applied.

In the handbook *Directory of Nurses*, Simón López teaches the nurse to apply an ointment to “the buboes sick”, taking part in it the mercury:

30. García Martínez et al. 1993, pp. 194-195.

31. *Ibid*, p. 195.

32. García Martínez et al. 1993, p. 81.

33. *Ibid*, p. 81.

34. *Ibid*, p. 83.

35. *Ibid*, p. 83.

Rough ointments, given the case that physicians order to make them in some occasion but, generally speaking, the rough ointments are made with the mercury ointment in the buboes diseases³⁶.

And for the treatment of the buboes or inguinal tumours, advises Simón López:

But, if the dry rubs made on the groin come from the buboes, an ointment will be made (while the physician is on his way) with the following liniment because it calms the pain and resolves a lot: hen fat and iris and camomile oil, half an ounce each, will be enough to make the liniment³⁷.

To treat the skin manifestations of syphilis, sores and pustules, they also applied steam baths through the technique of the “stove”. This consisted of introducing the sick in a kind of wood barrel, leaving out only the head or other parts of the body, according to medical prescription. Once inside, the sick were given vapours from the combustion of different vegetable or mineral substances during the prescribed time and depending on the physical conditions of the sick. In the words of Andrés Fernández:

WAY OF USING THE STOVES. The stove is made of sieve wood arches, almost as a coverage for a chest, seven feet long, well arched so that it is narrower on the area where the sick's feet will be. In this part, a board a handspan long shall be hammered into it, where the brazier with embers will be placed.

When the sweat is wanted to happen (always fasting), 250ml of bramble water must be ready, very hot. First, the sick will feel it; he/she will have the whole body on a hot blanket which shall be between the mattress and the sheet. There the sick will lie naked.

Out of consideration, the ends of the sheets shall be folded around the sick and, be it a woman, for further respect, she can be covered with a sheet until she is covered with the stove and it be taken from her from an end. When the sick is uncovered, he/she will drink the hot water (previously said), as much as bearable; then, the stove is put on, on it, a sheer and some blankets to keep the heat. On the board of the stove will be burning a light fire, hoping the sick is not breathless in the process. On the head there will be a towel and a blanket to keep the heat. When the sick is well covered with the stove, the sheet will be removed and he/she will have a towel to clean the sweat, and a person who will be cleaning his/her face from time to time. This way, the sick will be sweating for one hour and a half or, be it thin, an hour. The quantity of sweating applied to the sick will be established as the needs require it. Once the time has passed, the feet will be removed from the stove and the sick will keep the sheet and the blankets for half an hour more, well covered. After that, he/she will receive clean and hot clothes and sheets to take the sweated ones, and with the care expressed in chapter 28, in warnings 5 and 6, the sick can eat half an hour

36. García Martínez et al. 2001, Paragraph 5. The first draft for this manuscript was finished in 1651, and the definitive text in 1668.

37. García Martínez et al. 2001, Paragraph 197.

*later. If it is possible, always roasted, chicken or ram with raisins and almonds, never eating anything sour*³⁸.

4.1.2. The oral route

Since the 16th century different medicaments were used orally for the treatment of syphilis. The nurse should know them and administer them according to medical prescription: the decoctions, syrups and electuaries, pills and powders. All of them made with a variety of vegetable, animal, and mineral substances, according to the pharmacopoeia of the time and the experience of nurses in their daily work in the hospitals. Among the decoctions, Andrés Fernández recommended for syphilis those made with guayacan and bramble. Due to its frequent use and importance, *Instruction of Nurses* carefully explains its composition and preparation, as well as its administration to the sick.

*HOW WILL NURSES KNOW THE GUAYACAN AND THE BRAMBLE. WHICH IS THE BEST ONE. First, the guayacan must be taken from the trunk, not from the branch, smooth and without knots; its bark must be yellowish, with a lot of filling, tending towards black y heavy. You will know if it is old and less valuable if the bark is easily removed. The bark is the best part of the guayacan. The bramble must be tick, purplish, that when it is broken, there is no powder coming out of it and one can handle it without it losing its bark. This is the newest and best one. The spiderling plant must be heavy and with knots, without woodworm*³⁹.

A broad relationship of syrups, powders and pills was also provided by the author for the cure or alleviation of the buboes illness.

4.1.3. The respiratory route.

A good number of medicinal substances were applied by the respiratory route through the use of incense. Andrés Fernández advised that, if given aromatic smoke⁴⁰, this was to be of rosemary flame and not of smoke, and the time needed with this sweat was three hours in summer and four in winter. Later, it came the cleaning of the mouth of the patient affected of sores with a swab and water of barley and sugar and, sometimes, when the mouth was badly damaged, with *egipciaco*⁴¹.

38. García Martínez et al. 1993, p. 77.

39. García Martínez et al. 1993, p. 71.

40. Sahumerio: Smoke produced by an aromatic matter thrown into the fire to perfume (cover something with smoke to purify it or make it aromatic). Translated from the Dictionary of the Real Academia Española. 22.^a edición. 2001. Term: "sahumerio".

Available on: <http://www.rae.es/recursos/diccionarios/drae>

41. *El ungüento egipciaco se elabora cociendo la miel común con el vinagre y cardenillo hasta que tenga la consistencia espesa de ungüento.* (The *egipciaco* ointment is made by cooking the honey with vinegar and verdigris until it has the thick consistency of an ointment) Bañares, Gregorio, *Filosofía farmacéutica ó la Farmacia reducida á sus verdaderos principios, que en beneficio de la salud*

Also Andrés Fernández dedicated a large section of his treatise to explain to nurses the technique to get the sweats through the incense. The author confirms that he is not in favour of these treatments by their experience, in particular those made with “cinnabar pills” or similar because, *although they have a good effect and show large samples and health principles, I have seen in many who have taken them a very bad end.*

SWEATS FROM INCENSE. There are other kinds of sweats which some give as incense, with cinnabar pills and other similar things. And, while I am not very fond on this because, although they have a good effect and show large samples and health principles, I have seen in many who have taken them a very bad end, truth is that those experienced in the matter do not give them but in desperate cases, where they do not find any other remedy. I will explain how it must be done and, being the case, the sick must be alone because of the bad effect of the smoke on others. Because of this, in agreement with other physicians, I made this process disappear from the hospital I was working in. There are many who disagree with these incenses, the pharmacist Juan Frago, together with Pedro Paulo Perea, Gabriel Falopio, and Ambrosio Pareo; and it not my aim to defame these medicaments, but to tell what I fell and have experienced for those who use them, to do it with caution and after using other means; this is why I say they give them to desperate diseases to those who do not improve with other remedies. Below I describe many of them for you to choose the one which best suits you and better adjusts to your discretion, and the way nurses must use them⁴².

pública y los jóvenes que se dedican á esta ciencia da a luz el doctor Don Gregorio Bañares. Madrid: Imprenta Real, 2.^a edición, 1814, p. 195. El ungüento egipciaco o “ungüento de melle”, denominado así porque entre todos los ungüentos no existe ninguno que lleve tanta cantidad de miel. Su nombre lo recibe o bien porque fue muy usado en Egipto o porque su inventor fue de Egipto. Mesué lo llama Unguentum Aegyptiacum Magnum, por distinguirlo de otro que recibe menos simples, pero también, y sobre todo, por las grandes excelencias que tiene en curar las llagas sucias antiguas y fistulosas y en librar de la podredumbre a la carne muerta. (The egipciaco ointment or “melle ointment”, so called because among the other ointments there is not one with such a high quantity of honey in it. It bears this name either because it was very much used in Egypt or because its inventor was an Egyptian. Mesué calls it Unguentum Aegyptiacum Magnum to differentiate it from another more simple one, but also and mostly because of the great quality of the same when curing dirty and fistulous sores, and in eliminating the dead flesh). Muñoz Calvo 1994, pp. 92-93.

42. García Martínez et al. 1993, p. 75. The more than 25 years as nurses in different Portuguese and Spanish hospitals, and most of them in the Hospital General of Madrid, conformed him as a great connoisseur of the treatments applied to different diseases and made it possible for him to look into their effects, beneficial or harmful, something which impelled him to modify them. As Andrés Fernández said, “I always thought it appropriate to give them some sips of the same hot water they already drank and, if there is not such water, *cruda* (It is the water found in fountains and natural reserves of surface and underground waters, natural, without being treated), and to lift their heads and rub them softly or with some spoons of hot *lamedor* (*Lamedor*. The act of licking. This name was given in the old times to mucilaginous and sweetened medicines of a consistence between the syrup and the electuary, which could be licked by means of a liquorice brush. Cited in Henry, N. E.; Guibourt, G., *Farmacopéa razonada ó Tratado de Farmacia práctico y teórico*. Volume II, Madrid, 1830, p. 171.) ordered by the doctors. I have seen very good results; it cannot be harmful and, if the patient hasn’t eaten anything, with some sips of not greasy clear soup add some *lamedor* or sugar, the first available one. In García Martínez 1993, p. 60, parag. 26.

At the beginning of the 17th century Andrés Fernández already warned of the harmful effects of the use of mercury in medical treatments, having personally experienced for many years these therapies with adverse results in patients.

The way of proceeding of the nurse to apply the incense was to introduce the sick in a kind of 'cage', whose creation is shown in the treatise, and to well cover him/her with blankets to keep the smoke. A brazier was lit containing the cinnabar pill or what the doctor ordered, and must remain in this position for no more than half an hour. The author narrates it in the following way:

The way of healing must be with a more or less high stool, with a hole as a means of drainage, where the sick must seat, and a wooden cage with a board on top which, broken in the middle, makes a parallel shape to that in the stool (the hole) for the sick to sit inside de cage with his/her head coming out of the superior hole and the rest of the body inside the cage. The seat must be five square feet and must have four pieces with its latches: in one of them there must be an opening with two doors through which the sick can go in and out, and the cage must be well covered with blankets so that the smoke cannot come out of it. Before the sick goes inside, a brazier must be placed under the stool with few embers and these must not be very bright to avoid the sick to get burnt or whatever is put inside. Under the cage, lifting the blankets a little bit and taking care for the heat not to come out, the pill will be added into the embers, and then covering the sick and his/her head with a blanket. The nurse must be aware that the sick cannot be inside for more than half an hour the strongest one, while the more weak patients must be less that this period of time since, though it may seem a very slight cure, if they are not looked after they faint, so they are left almost dead⁴³.

With all this, the medicine of the time used a number of techniques and medicinal compounds for the administration which provided with very different results depending on the circumstances of the sick and the seriousness of their state.

4.2. Evacuation of bodily humours in various ways

The elimination of malignant humours generating diseases was another of the main sections of the therapies of the time. Andrés Fernández warned:

And sweats or ointments must not be applied without the previous bowel movements by syrups and purgatives, when because of weakness, bleeding cannot be applied. And it is good to, when the time and the diseases thus allow it, leave the sick to rest two or three days and then purge it to continue with the sweats, which will be ten between purge and purge. And, after this, purge them again to throw away all the bad humours. And this is in accordance to the procedures of the physicians with whom I have been, well experienced in the healing of this disease⁴⁴.

43. García Martínez et al. 1993, pp. 205-206.

44. *Ibid*, p. 187.

Bleeding⁴⁵, purging⁴⁶ and sweating were therapies applied in the treatment of syphilis; the first one consisted of the extraction of certain amounts of blood; the second one consisted of the bowel movement, to make more effective the effects of the administered medications, and the third one was to cause perspiration.

Nurses should carefully monitor the administration of one or another and its coordination with taking the medications orally, topically, or by a respiratory route. The medical prescription provided the proper order and care the nurse should take on their correct distribution and application.

The objective of most of these treatments, were they ointments, taking medicaments or incense, was to cause a profuse sweating, so the patient should remain covered and sheltered. In the cited manual, the nurse is taught to properly develop this work, explaining in detail all the manoeuvres that should be carried out, both to cover the sick and to release it from the coverage:

WAY OF COVERING THEM. The way of covering them will be, to those with the sweating, put them in a proper blanket, between the mattress and the sheets, and cover them with two more blankets and release them from their clothes and give them a quarter of litre of bramble or guayacan water to drink, hot, as hot as possible, and being the sick lying, make him/her tuck his/her legs in a Little bit and stretch his/her hands with the tips of the fingers on the forehead reaching the roots of the hair to create an arch and thus suffer the heat. Then, the sick must be covered with the blankets according to the weather, so that the heat is not released and, on the contrary, to those with ointments, make them stretch their arms facing down and, being lying, cover their face so that he cannot breath very heavily and the air cannot go in⁴⁷.

And, regarding the number of blankets that should be used, it was left to the “wisdom of the good nurse”, which was to evaluate the weather and the individual characteristics of the patients.

Once administered the treatment and the proper time passed, and the goal of sweating achieved, the nurse came to uncover the sick who had received the ointment, an operation that should be carried out in the room where they had to convalesce. To those who had received the administration of the guayacan and the bramble, they were uncovered following the rules described in detail in the book.

The “sweating room” and the “dribbling room” referred to in the Constitutions of the Hospital del Espíritu Santo in Seville were an essential part of all of the treatments received by patients suffering from syphilis, as well as the places where more aggressive therapies were applied in the process of healing. In this way, the Constitutions of 1590 tried to organize the newly created hospital based on scientific and functional criteria.

45. Amezcua 1997; Martín Santos 2000; Ventosa-Esquinaldo 2000; Expósito González 2011.

46. García Martínez 2004 and especially García Martínez 2006. In this last work there is a detailed description of the application of the purgative to the hospitalized patients included in the manual *Dirección de Enfermeros*, by Simón López, pp. 14-15.

47. García Martínez et al. 1993, p. 199.

4.3. Diet adapted to the disease

Since ancient times, Greek and Roman physicians dealt with the importance of feeding on the preservation of health or in the recovery of the same. This long tradition, maintained to a certain extent in the medieval centuries, took a new form with the humanism and scientific advances. Nursing treatises make continuous references to this issue and stress the importance of the diet in the whole process of recovery of the patient⁴⁸. The treatment of syphilis is no exception to this rule.

The strict observance of fasting before receiving certain therapies, such as purging, bleeding and enemas, was of prime importance to the doctors and it was the work of the nurse to monitor its compliance.

Also, once received the therapies (ointments, medicaments, vapours, etc.), the intake of certain food was recommended or advised. Thus, after taking the 'Holy wine':

*This medication shall be used not in cold weather; vinegar, sour food, fruit or vegetables shall not be eaten during all the time it takes, which will be twenty days, interpolating*⁴⁹.

The adequacy of the power to the treatments applied to the sick was a continuous concern both for doctors and nurses. Due to their (the nurses') closeness to the patients, they could better ascertain the effects the diet produced in the sick and inform doctors of the results, by proposing an alternative to the usual diet:

"As for eating, it must be made in accordance with the physician. And, although physicians order raisins and almonds to those with sweating, and also sponge bread, it is necessary to pay attention to the discretion of the nurses. And, being thin, the best option is to give them roasted chicken or, at least, roasted ram and not another kind of meat unless it is ffeather. I have known opinions about giving muffin type bread to those with sweating because it is easier to digest, though it must be of good quality and with not a lot of yeast as the ones sold at the market. And, when the sick stops dribbling and does not suffer from pains in the stomach, physicians use to order to continue with the ointments for two more days to change the humours.

To those receiving ointments because of swollen mouths, give them a good hen clear soup with nothing sour or any other substance. Being thin, the soup must be cooked with the breasts and, if not, porridge with flour and honey. And being they so thin they faint, give them a soup with wine before the ointment".

48. García Martínez 2004, pp. 4-6 y García Martínez 1999. Since the end of the 16th century, diet constituted one of the main principles in the medical treatments administered in the great Spanish hospitals; the nursing treatises show this and the expenses on diets shown in the administration books also display this idea, although it always depended on the economic possibilities of the institution.

49. García Martínez et al. 1993, pp. 77-78.

Andrés Fernández always warned young nurses on the need for observation to improve the delivery of care⁵⁰.

As a result of the already said and taking into consideration the abundant and interesting works being developed in Spain, especially about the History of Nursing, we disagree with the medicine school of thought which regards hospitals as healing centers in the modern sense of the concept in the second half of the 18th century. See, as an example, Michael Foucault, who states “The hospital, as a therapeutic instrument, is a relatively modern concept which dates back to the end of the 18th century. Around the year 1760, a conscience of the hospital as an instrument dedicated to the healing of the patient is created, and this can be seen in a new practice: the visit and the systematic and comparative observation of hospital (...)”. At least, in Spain, this change arrived some centuries before, and already in the second half of the 16th century we can see signs of this new situation and, surely, many Spanish hospitals treated and cured according to processes of methodical observation and procedures. The study of hospitals dedicated to the treatment of syphilis, to the techniques and the specialized health staff, as it is the case of the Hospital del Espíritu Santo of Sevilla, shows this idea.

5. FINAL CONCLUDING REFLECTIONS

The medical practice experimented, from the 16th century onwards, with various substances and compounds in order to achieve more effective treatments in the fight against the disease: syphilis. Its practical application provided knowledge about the therapeutic results and its effects. The nurses were, fundamentally, those who enforced the different treatments and followed more closely the evolution of the sick, hence they were increasing their demands in the field of training, especially in large hospitals, more specialized and with more resources. Through the study of care in the disease of syphilis of the 16th century and the beginning of the 17th century we know the tough, hard, and specialized work carried out by nurses in their treatment. Treatises for the training of nurses that circulated in Spain and America from the 17th century show the high level reached by an important part of the nurses, primarily those who exercised in large hospitals.

Therefore, since the 16th century, we observe in Spain that nurses began the long process of professionalization, which can be seen in the fight for increased wages, the definition of a specific body of knowledge, the creation of ethical codes and behaviour, and the consolidation of prestige and social recognition. Long and arduous tasks which will meet their most significant advances at the end of the 19th century and throughout the 20th century with the establishment of nursing institutions (schools of nursing) and centres of training and achievement of academic titles (the universities). It was the “long way of the nursing professionalization.”

50. Foucault 1978, p. 20-21.

APPENDIXES

1

Rules and constitutions of the Hospital del Espíritu Santo (Sevilla, 1590)
(ADS, Espíritu Santo, Bundle 2C)

^{/1r} Rules and constitutions which, Mr Rdrigo de Castro, Cardinal of the Basilica de los Doce Apóstoles, Archbishop of Sevilla, member of our King's Counsel, ordered and advised to preserve in the Hospital del Espíritu Santo of this city, which is one of the two remaining by brief from His Holiness and provisions from His Majesty. They are as follows, ordered by common sense and agreement by the most expert and experienced doctors of this city, by the administrators of its hospitals and by other experienced people, also including the most convenient relations of the main hospitals of this Kingdom and out of it.

What must be kept in the administration of the Hospital del Espíritu Santo, the ministers who must be there and their roles is as follows (...).

^{/13r} **Head nurse and other nurses**

1. The role of the head nurse is highly relevant because on him depends most of the healing process and welfare of nurses, so this person must inspire great confidence and must be in charge of all the infirmaries and nurses, distributing and monitoring what must be done, telling each nurse what to do according to these constitutions and the order given by the administrator.

2. The head nurse must practice medicine and surgery and, if this were not possible, at least, the head nurse must be competent in the relationship with the doctor and surgeon in relation to the diseases of the sick and their consequences, and must be able to help in the sudden cases that occur during day and night.

3. Diseases normally bring discontent and desperation, and the poor sick who come to the hospitals tend to be difficult to treat and correct in their behaviour, so it is really important to seek charity and love in the head nurse and this, at the same time, must assure that the other nurses and servants, and he himself, treat the patients with great love and patience and, even if they are given cause, the must not use the wrong words or treat them with surliness and, if some of them got carried away, the same person must confess it to the administrator to receive the appropriate punishment and even be despised if there is no possible correction. However, this does not mean that there will be no punishment for those nurses who overdid it and were disobedient, and they would be punished as the administrator considers.

4. The head nurse must be given an inventory of all the beds in the infirmaries and of the bedclothes, tables, benches, tablecloths, clothes for the poor and all other elements of service available in the infirmaries.

5. All the beds in the infirmaries will be noted down on ^{/13v} a list in a most visible place in the infirmary, organized by order and number, and it is the head nurse's responsibility to write down or order to do write down the name of the sick at his/her admission in the hospital, including in it the day, month and year of admission and, on the discharge or death of the patient, the name must be erased so that it is easily possible to know the number of patients being treated and in which beds they are.

6. The head nurse must accompany the administrator, doctor and surgeon to the reception of patients and a minor nurse must be in charge of taking the patient to confess with the priest, have his/her hair cut and get undressed in the allocated room for this purpose or whe-

re it is convenient at the moment, and the patient must be given clean clothes and slippers, then showing him/her the bed where the healing will be done and the number of the same.

7. The person in charge of the clothes must receive those of the patient by the order given in the title and, be it necessary, he will give the order of washing the patient's feet.

8. The head nurse must accompany the doctor and surgeon in their visits, and must note down in some charts consigned for the same purpose the numbers of beds and the food prescribed to each of the patients and the time it must be given to them, as it is not necessarily at the same time the other patients eat.

9. The head nurse will also note down the bleedings, syrups, purgatives or any other medicine or remedy prescribed by the doctor and the surgeon in the order and at the time agreed, taking a special care and vigilance to do it in the way they ordered.

10. Once the visit is finished, one of the priests will accompany the head nurse and they must take the book or chart where lunch or dinner were noted down to count the portions of hen, chicken or ram, ratatouille, almonds, *panatela* (a type of big and slim sponge cake) or any other kind of food or diet, writing in a piece of paper or logbook how many portions of each type of food must be administered in the following way.

^{/14r} 11. One pound and a quarter or ram for every three portions and for four portions of poultry meat.

A hen for two portions. A chicken, not being prescribed by the doctor, can be given to the discretion of the nurse. Once noted down, the person in charge of the pantry will be summoned and ordered to keep what is prescribed, and the cook must be told to receive it and cook it for the time thus prescribed.

12. The meals shall be given all together at the time prescribed and there will be a table for the same purpose. The priest and the head nurse will distribute the food to each patient according to the notes from the visit and referring to the number assigned to the beds. The administrator will help, as well as the other ministers, to organize what was ordered to ingest, and the person in charge of the pantry will note down this meals and the portions.

13. The administrator, together with the doctor and surgeon, and in agreement with the head nurse, will advise the number of patients that should normally be treated, increasing or decreasing this number according to the sufferers and the diseases.

14. The administrator will assign, in agreement with the head nurse, one of the minor nurses the task of keeping count of the sufferers, sorting those who shall eat together in the table assigned for them and all the necessary elements for the service. This minor nurse will bring the food and make their beds, and will keep the infirmary clean.

15. Minor nurses must hold the responsibility of sweeping the infirmaries, distributing themselves among the beds assigned to them and keeping them clean and neat, making the same beds, at least, twice a day, one in the morning and one in the evening after dinner.

16. A minor nurse will attend to the plates and porringers, which must be made of pewter, as well as to the glasses, tablecloths, knives and salt-cellar.

^{/14v} This minor nurse will have a sideboard or table to set all this and the head nurse will put him in charge of it. The minor nurse will also take the responsibility of lighting the infirmary lamps with some perfume on them so that there is no stink, and this will be made every morning, prior to the doctor's visit.

17. Each minor nurse must give each patient the necessary utensils to eat and must clean everything, and when the patients finish and stand up, the minor nurse shall put them their slippers and clothes on, helping them to lift themselves and directing them to their beds, then taking the utensils to wash them.

18. All minor nurses must go to the kitchen and to the pantry to bring the food and the pitcher with water to the sideboard, and they must go to the place assigned for the distribu-

tion of the same and give the portions to each minor nurse in his charge. These minor nurses must open the recipients and do everything necessary for the service.

19. Three minor nurses must be on call every night, distributing them according to their shifts and alternating them so that the one who is not on call is on call the next day.

20. There must be a sweeper who keeps the place clean and helps in everything necessary for the services given, also assisting the cook.

21. After sunset and after the ringing out of the bells to tidy everything up, nobody must walk in or pass through the infirmaries if it is not necessary, and those on call must take special care on being silent so as not to disturb the sufferers.

II

HOSPITAL DEL ESPÍRITU SANTO (SEVILLA) OCCUPATIONS AND SALARIES (ADS, Espíritu Santo, Bundle 2C)	
Occupation	Salary (reales*)
Administrator	588
Priest	196
Assistant Priest	166
Doctor	488
Surgeon	666
<i>Head Nurse (male)</i>	96
Apothecary	132
Charge of the pantry	120
<i>Nurse 1 (male)</i>	48
<i>Nurse 2 (male)</i>	48
<i>Nurse 3 (male)</i>	48
Hospital porter (male)	48
Cook	120
Cook Assistant	80
<i>Mother nurse</i>	56
Mother in charge of clothing	56
Hospital porter (Mother)	56
<i>Nurse 1 (female)</i>	48
<i>Nurse 2 (female)</i>	48

* Old Spanish currency.

WORKS CITED

- Amezcuca, Manuel (1997), "Barberos y sangradores flebotomianos en Granada: norma y sociedad en los siglos XVII y XVIII", *Cultura de los Cuidados*, 1, pp. 31-36, Alicante.
- Arribas Marín, Juan Manuel (2005), "Breve compendio de Cirugía de Matías de Quintanilla O. H.", *Archivo Hospitalario*, 3, pp. 571-575, Granada.
- Baker, Brenda J.; Armelagos, George J. (1998), "The origin and antiquity of syphilis: paleopathological diagnosis and interpretation", *Current Anthropology*, 29(5), pp. 703-738, Hawaii.
- Barriga Guillén, Carmen; Heredia Herrera, Antonia; Reyes Siles, Saturnino; Zahino Pañafort, Luisa (1997), *Hospitales y centros benéficos sevillanos. Inventarios de sus fondos*, Sevilla.
- Calvo Calvo, Manuel Ángel (2001), "Aspectos sociolaborales de los enfermeros del Hospital del Espíritu Santo de Sevilla a finales del siglo XVI", *Hiades. Revista de Historia de la Enfermería*, núm. 8, pp. 355-379, Alcalá de Guadaíra.
- Carmona García, Juan Ignacio (1979), *El sistema de hospitalidad pública en la Sevilla del antiguo Régimen*, Sevilla.
- Carmona García, Juan Ignacio (2000), *Crónica urbana del malvivir. Insalubridad, desamparo y hambre en Sevilla (siglos XIV-XVII)*, Sevilla.
- Carmona García, Juan Ignacio (2005), *Enfermedad y sociedad en los primeros tiempos modernos*, Sevilla.
- Cruz, Francisco de la (O. H.) (1674), *Compendio de los tratados de flobotomía: capítulo singular y cartapacio de cirugía*. Imprenta de Gyberto Lints, Malinas. Biblioteca Nacional, signatura: R/983, Madrid.
- Expósito González, Raúl (2011), "Barberos y sangradores en Iberoamérica", *Cultura de los Cuidados*, 29, pp. 31-46, Alicante.
- Foucault, Michel (1978), "Incorporación del hospital en la tecnología moderna". *Educación Médica y Salud*, vol. 12, n.º 1, pp. 20-35, Washington.
- Fraile Bravo, Mercedes; Hernández Neila, L. M.; Feria Lorenz, D. J. (2015), "Fray Farfán: primer manual de enfermedades de la Nueva España 1592. Cuidar con plantas", *Un siglo cuidando a la sociedad. Centenario del reconocimiento oficial de la Enfermería en España*, pp. 599-603, Santander.
- García Ballester, L. (1976), *Historia social de la medicina en la España de los siglos XIII al XVI*, Madrid.
- García Martínez, Antonio Claret; García Martínez, Manuel Jesús; Hernández Martín, Francisca; Pérez Melero, Andrés; Pinar García, María Eugenia (estudio y edición) (1993), *Presentación y análisis de Instrucción de Enfermeros, para aplicar los remedios a todo género de enfermedades y acudir a muchos accidentes que sobreuenen en ausencia de los médicos*, Madrid.
- García Martínez, Antonio Claret; García Martínez, Manuel Jesús (estudio, transcripción e índices) (2001), *Directorio de enfermeros y artífice de obras de caridad para curar las enfermedades del cuerpo*, Madrid.

- García Martínez, Antonio Claret (2014), "Las constituciones de los hospitales y los cuidados enfermeros en la España de los Austrias (siglos XVI-XVII)", *Erebea. Revista de Humanidades y Ciencias Sociales* 4, pp. 43-80, Huelva.
- García Martínez, Antonio Claret; García Martínez, Manuel Jesús (2015), "El enfermero obregón Andrés Fernández: un impulsor de la Enfermería española en la primera mitad del siglo XVII", *Híades. Revista de Historia de la Enfermería*, 11, pp. 371-396, Alcalá de Guadaíra.
- García Martínez, Manuel Jesús; García Martínez, A. C. (1998), "La enseñanza de la enfermería en la España del siglo XVII. El manual de enfermería de Simón López (1668)", *Cultura de los Cuidados. Revista de Enfermería y Humanidades*, n.º 3, pp. 15-23, Alicante.
- García Martínez, Manuel Jesús (1999), "Cultura y alimentación. La dietética en la enfermería hospitalaria del siglo XVII", *Revista Rol de Enfermería*, nº 5, vol. 22: 371-381, Barcelona.
- García Martínez, Manuel Jesús (2004), "Cuidados enfermeros en la España del siglo XVII. Hacia la búsqueda de una identidad profesional", *Gazeta de Antropología*, 20, Granada. http://www.ugr.es/~pwlac/G20_22ManuelJesus_Garcia_Martinez.html
- García Martínez, Manuel Jesús (2014), "La hospitalización y la peste en el siglo XVII en "Directorio de Enfermeros", de Simón López", *Erebea. Revista de Humanidades y Ciencias Sociales* 4, pp. 119-143, Huelva.
- García Martínez, Manuel Jesús; Romero Mora, Obdulía; Ramos Suárez, José Manuel; Fernández Romana, María Jesús; Olivares Bellón, Francisca De Paula (2006), "La enfermería urológica en el siglo XVII según el manuscrito del enfermero Simón López (año 1668)". *Enfuro*, 8, pp. 9-17, Madrid.
- García-Verdugo, María Luisa (1994), *La Lozana Andaluza y la literatura del siglo XVI: La sífilis como enfermedad y metáfora*, Madrid.
- Granjel, Luis (1978), *La medicina española del siglo XVII*, Salamanca.
- Guerra, Francisco (1978), "The dispute over syphilis: Europe versus America", *Clío Medica*, 13, pp. 39-61, Amsterdam.
- Hernández Martín, Francisca (1996), *Historia de la Enfermería en España (desde la Antigüedad hasta nuestros días)*, Madrid.
- Knell, Robert J. (2003), *Syphilis in Renaissance Europe: rapid evolution of an introduced sexually transmitted disease?* The Royal Society Biology letters, London.
- Kottek, Samuel; García Ballester, Luis (eds.) (1996), *Medicine and Medical Ethics in Medieval and Early Modern Spain. An Intercultural Approach*, Jerusalem.
- Haarper, Kristin N., Zuckerman, Molly K., Harper, Megan L., Kingston, John D., Armelagos, George J. (2011), "The Origin and Antiquity of Syphilis Revisited: An Appraisal of Old World Pre-Columbian Evidence for Treponemal Infection". *Yearbook of Physical Anthropology* 54_99-133.
- Lindeman, Mary (2000), *Medicina y sociedad en la Europa Moderna, 1500-1800*, Madrid.

- López Díaz, M.^a Teresa (1987), *Estudio histórico-farmacéutico del Hospital del Amor de Dios de Sevilla (1655-1755)*, Sevilla.
- López Terrada, María Luz (1989), “El tratamiento de la sífilis en un hospital renacentista: la sala del mal de siment del Hospital General de Valencia”, *Asclepio*, 41(2), pp. 19-50, Madrid.
- López Terrada, María Luz (1991) “El mal de siment en la Valencia del siglo XVI: imágenes del morbo gálico en una ciudad mediterránea europea”, *Dynamis*, 11, pp. 119-146, Granada.
- Martín Santos, Luis (2000), *Barberos y Cirujanos de los siglos XVI y XVIII*, Salamanca.
- Martínez García, Consolación (1993), El Hospital del Espíritu Santo de Sevilla (1587-1837)”. Memoria presentada para optar al Grado de Doctor. <http://fondosdigitales.us.es/tesis/tesis/2451/el-hospital-del-espiritu-santo-de-sevilla-1587-1837/>
- Martínez García, Consolación, López Díaz, María Teresa (1997), *La Asistencia a los Sifilíticos en Sevilla: el Hospital del Espíritu Santo*, Sevilla.
- Muñoz Calvo, S. (1994), *Historia de la Farmacia en la España moderna y contemporánea*, Madrid.
- Murillo Calderón, Adriana (2011), “Actualización: sífilis en Medicina Legal”. *Medicina Legal de Costa Rica*, vol. 28 (1), 2011, Heredia (Costa Rica).
- Pastor Frechoso, Félix F. (1993), *Boticas, boticarios y materia médica en Valladolid (siglos VI y XVII)*, Salamanca.
- Pérez Portugués, Antonio (1568), *Suma y examen de cirugía y de lo más necesario que en ella se contiene, con breves exposiciones de algunas sentencias de Hipócrates y Galeno*. Por Pierres Cosin, Madrid. Web de la BHMV <http://cisne.sim.ucm.es>, en documentos electrónicos Dioscórides.
- Pragmática en que se da la orden en el examen de los Cirujanos Romancista*, impreso por Luis Sánchez, Valladolid (1604). Real Academia de la Historia, signatura: 4/641 (7), Madrid.
- Pragmática sobre la orden que se ha de tener en el examen de los Médicos, Cirujanos y Boticarios* (1588). Por Juan Iñíguez de Lequerica, con licencia en Alcalá. Biblioteca Histórica Marqués de Valdecilla, signatura: BHdFLL 22001(4).
- Pragmática en que se da nueva orden en el examen de los médicos y cirujanos y boticarios más de lo que por otra esta proveído* (1593), por Pedro Madrigal. Real Academia de la Historia, signatura: 4/641 (6), Madrid.
- Quétel, Claude (1990), *History of Syphilis*, Cambridge.
- Quintanilla, Matías (1683), *Breve, compendio de cirugía. Escrito por el reverendísimo Padre Fr. Mathias de Quintanilla, Cirujano Mayor que fue del Hospital del Venerable Padre Anton Martin, y General de su sagrada Religion, Orden del Señor S. Juan de Dios. Sacado a luz por Ignacio Gutierrez su Discipulo en dicha Facultad. Dedicado al Patriarca San Juan de Dios, Fundador de la Hospitalidad. Con licencia: En Valencia: Por Layme de Bordaza. Año 1705. A costa de Miguel Lázaro Mercader de Libros*. There is a previous edition dated in Valencia, 1683.

- Recio Mir, Álvaro (2000), “La reducción de hospitales sevillanos de 1587: repercusiones artísticas y burocracia constructiva”, *Laboratorio de Arte* 13, pp. 39-57, Sevilla.
- Rey Bueno, M.^a del Mar; Alegre Pérez, M.^a Esther (1998), “La ordenación normativa de la asistencia sanitaria en la corte de los Habsburgos españoles (1515-1700)”, *Dynamis* 18, pp. 341-375, Granada.
- Rodríguez Perales, Rosa María (2013), “Aprender del ayer”, *Archivo Hospitalario*, III, pp. 237-259, Granada.
- Rothschild, Bruce M.; Luna Calderon, Fernando; Coppa, Alfredo; Rothschild, Chistine (2000), “First European exposure to syphilis: the Dominican Republic at the time of Columbian contact”, *Clinical Infectious Diseases*. Oct;31(4), pp. 936–941, Chicago.
- Ventosa Esquinaldo, Francisco (2000), “Barbero-sangrador-flebotomiano”, *Híades. Revista de Historia de la Enfermería*, 7, pp. 209-217, Alcalá de Guadaira.

Fecha de recepción del artículo: marzo de 2016

Fecha de aceptación y versión final: mayo 2016